

Claim Form

Loss of Property and/or Damage

THE ISSUE BY THE COMPANY OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY, THE FORM SHOULD BE COMPLETED AND RETURNED TO THE COMPANY WITHIN SEVEN DAYS OF ITS RECEIPT BY THE INSURED

PLEASE ANSWER ALL QUESTIONS AS FULLY AS POSSIBLE

POLICY No.....

NAME OF INSURED (IN FULL)..... TEL. NO.....

BUSINESS ADDRESS.....

.....

PERSON TO CONTACT.....

WHAT HAPPENED?.....

.....

.....

.....

WHEN AND WHERE DID IT HAPPEN? DATE..... TIME.....

LOCATION.....

.....

GIVE THE DATE THE POLICE WERE ADVISED AND THE LOCATION OF THE STATION.....

.....

WERE THERE ANY OTHER INSURANCES IN FORCE COVERING THE PROPERTY AT THE TIME OF LOSS? IF SO, GIVE PARTICULARS AND NAME OF COMPANY.

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HAVE YOU PREVIOUSLY SUSTAINED ANY THEFT, LOSS OR DAMAGE TO PROPERTY?.....



IF SO, WAS A CLAIM MADE UPON ANY INSURER? NAME OF INSURER, NATURE OF ANY LOSS, DATE, AND AMOUNT PAID SHOULD BE RECORDED.

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I HEREBY WARRANT THE TRUTH OF THE FOREGOING STATEMENTS.

SIGNED..... DATE.....

BROKER.....

PLEASE ATTACH RECEIPTS/INVOICES FOR ALL ARTICLES LISTED

DESCRIPTION OF ARTICLE	COST PRICE	AMOUNT CLAIMED	REMARKS